U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) RATE FEE NUMBER EXTRA RATE FEE FOR NUMBER FILED BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS OR minus 20 = X \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR X \$ minus 3 = X \$ (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-PRESENT RATE REMAINING NUMBER RATE ADDI-TIONAL TIONAL PREVIOUSLY **EXTRA** AMENDMENT AFTER FEE PAID FOR FFF **AMENDMENT** Total Minus x \$ X \$ OR (37 CFR 1.16(c)) independent (37 CFR 1.16(b)) Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS PRESENT RATE ADDI-Ω RATE ADDI-NUMBER REMAINING **EXTRA** TIONAL TIONAL **PREVIOUSLY AFTER** AMENDMENT FEE FEE **AMENDMENT** PAID FOR Minus Total (37 CFR 1.16(c)) OR X \$ Independent (37 CFR 1.16(b)) Minus = X \$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST RATE ADDI-PRESENT RATE ADDI-O NUMBER REMAINING TIONAL **EXTRA** TIONAL PREVIOUSLY **AMENDMENT AFTFR** FEE FEE PAID FOR AMENDMENT Total Minus X \$ OR X S (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

,	PATENT A	\PPLI	_	N FEE D			ON RECO	RC		Applica	ition or	33	el Number	8/31	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		TY 1	OR	OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FE	E		RATE	FEE	٨
BASIC FEE										395	.00	OR		79Ø.00	N)
TOTAL CLAIMS			35 minus 20 =			5			x\$11=			OR	x\$22=	110	1
INDE	PENDENT CLA	MMS	minus 3 =			•			x41=			OR	x82=	<u>, , </u>	1
MULTIPLE DEPENDENT CLAIM PRESENT									+135=	-		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL			OR	TOTAL	1180	1	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	LL ENT	ITY	OR		R THAN ENTITY	
AMENDMENT A		REMA	NIMS NINING TER DMENT		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE	
	Total	٠ 3	9	Minus	" 6	25	= 14		x\$11=			OR	x\$22=	308	1
	i ndepend ent	•	3	Minus	***	3	=		x41=			OR	x82=		١
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	:		OR	+270=		
(Column 1) (Column 2) (Column 3)									TOTA DDIT. FE			OR ,	TOTAL ADDIT. FEE	308	1
AMENDMENT B		REM/ AF	AIMS AINING TER DMENT		NUI PREV	MEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	TIO	DI- NAL EE	,	RATE	ADDI- TIONAL FEE	
	Total	.3	9	Minus	.30	7	-0		x\$11=	=		OR	x\$22=		1
	independent	•	3	Minus	***	3	= 0	-	x41=			OR	x82=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	=	7	OR	+270=	/	1
	(Column 1) (Column 2) (Column 3)									E		OR	TOTAL ADDIT. FEE		1
AMENDMENT C		REM/ AF	AIMS AINING TER DMENT		NU PREV	HEST MBER (IOUSLY D FOR	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	
	Total	1.2	9	Minus	/	39			x\$11=	=		9R	x\$22=		1
	Independent	*	3	Minus	•••	3	=	-	x41=			OR	x82=		1
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									/	OR	+270=	1	1
and if	the entry in colu the "Highest Nur the "Highest Nur ie "Highest Nur	nber Pre nber Pre	viously Pa viously Pa	id For IN THI id For IN THI	S SPACE S SPACE	is less than is less than	20, enter "20."		TOT/ ADDIT. FE in the ap	E	box in c		TOTAL ADDIT. FEE 1.		